

# CLAIMS ONLY

Application Number

10697680

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5	1					
6		1				
7		1				
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50						
Total Indep	1					
Total Depend	2					
Total Claims	3					

\* May be used for additional claims or amendments

	Indep		Depend		Indep	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						